Name in Full: Susan Ann Breeding

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mattapex — County: Queen Annes

Date of death 1904: Month: Apr. — Day: 13 — Age: Years: 27 — Months — Days

Sex: Female — Color or Race: white — Birthplace: Kent Isld, Md.

Married, ~~Single or Widowed~~: Married — Occupation

~~Name of Wife~~ or Husband: William E. Breeding

Father's Name: Lemuel Bryans — Father's Birthplace: Kent Island

Mother's Maiden Name: Susan Jefferson — Mother's Birthplace: Kent Island

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burn — How long: Immediate

Immediate: Shock — How long: 20 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: by Percy Kemp

Address: Stevensville, Md.

Accident or Suicide? Accident

LIBRARY BUREAU A88516

Name in Full: Wm F Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Price Sta | County: Dulw Dmes Co

Date of death 1904: Month: April | Day: 19 | Age: Years: 8 | Months: | Days: 20

Sex: Male | Color or Race: Colored | Birthplace: Near Barclay

Married, Single or Widowed: | Occupation:

Name of Wife or Husband:

Father's Name: Saml J Brown | Father's Birthplace: Dulw Dmes Co

Mother's Maiden Name: Mary G. Green | Mother's Birthplace: Dulw Dmes Co

Name of person giving Information: Saml J Brown | How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Pneumonia | How long: 1 Month

Immediate: Exhaustion | How long: 7 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. F. Dudley MD

Address: Church Hill Maryland

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: Geo. L. Bupan.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Piney Creek. County: Carroll

Date of death: Month: 4 Day: 24 1904

Age: Years: 69 Months: — Days: —

Sex: Male. Color or Race: White. Birthplace: Carroll

Occupation: Farmer. Where Residing if not at place of death: Piney Creek

Married, Single or Widowed. Name of Wife or Husband: Mary Ht. Bupan

Father's Name: John C Bupan. Father's Birthplace: Unknown

Mother's Maiden Name: Unknown. Mother's Birthplace:

Name of person giving information: Warren Bupan. How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic endiseditis (aortic regurg. How long: 2 yrs.

Immediate: Failure - exhaustion. How long: 2 months.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: W. Adams

Address: Uniontown, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name In Full Chas H. Byers

Certificate of Death

Died at Town Church Hill County Queen Anne's MARYLAND

Date 19 Month Oct 4 Day | Age Y. 31 M. D. | Native of Maryland | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced | Number of children living

Husband of

Wife

Father's Name Alex Byers

Mother's Maiden Name Mary Bordley

Cause of Death: Primary Pneumonia Tuberculosis

Immediate Exhaustion

How long sick Ten days

Accident, Suicide, Homicide

Reported by H. J. Dudley MD

Address Church Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Transferred

Name in Full: Richard Clare

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: ; County: Queen Annes

Date of death 1904: Month: Oct; Day: 30

Age: Years: 87; Months: ; Days:

Sex: Male

Color or Race: Black

Birthplace: Maryland

Married, Single or Widowed: Married

Occupation: Farmer

Name of Wife ~~or Husband~~: Susan Clare

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Susan Clare

How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old Age.

How long:

Immediate:

How long:

PHYSICIAN OR CORONER.

Are the name, age, sex, color, date and place correctly given above? Yes

Accident or Suicide?

Signature of Physician: C. P. Goorman M.D.

Address: Millington Md.

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Charles Conyers

Died at Town Price Sts - County Queen Annes Co, MARYLAND

Date 1904 Month April Day 22 | Age Y. 3 M. 11 D. 3 | Native of L.B.Co. | Occupation —

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living —

Husband of —
Wife

Father's Name Chas. H. Conyers | Mother's Maiden Name Jemima C. Wells.

Cause of Death — Primary Whooping Cough & Pneumonia - 10 days
Immediate Asthenia

How long sick

~~Accident~~, Suicide, ~~Homicide~~

Reported by Dr. G. Thompson

Address Church Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Louisa Dorons.

Certificate of Death

Died Near Town Church Hill County Queen Anne's MARYLAND

Month	Day	Y.	M.	D.
April	11	80		

Native of Queen Anne's Co. Occupation has none

Date 1904

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ Widow ~~Widower~~ Divorced

Number of children living Five

~~Husband~~ Wife of Edward Dorons dec'd.

Father's Name

Mother's Maiden Name

Cause of Death: Primary old age

Immediate Heart failure

How long sick a few days

Accident, Suicide, Homicide

Reported by S. C. Dudley M.D.

Address Church Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Transferred

Name in Full Margaret Bushy — Certificate of Death

Died at Town Church Hill County Queen Anne's MARYLAND

Date 1894 Month April Day 7th | Age Y. 35 M. — D. — | Native of Ireland | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | Married | ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 4

Husband of Wife David Bushy

Father's Name — | Mother's Name —

Cause of Death: Primary — Septic Endocarditis — How long sick 4 weeks

Immediate — Exhaustion — ~~Accident, Sucide, Homicide~~

Reported by W. H. H. Meredith

Address Church Hill, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Examined

Name in Full: Mildred Elizabeth Green

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Carmichael County: Queen Anne

Date of death: 1904 Month: 4 Day: 7th Age: Years: Months: 7 Days:

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female Color or Race: Negro Birth-place: Near Carmichael

Occupation: Baby Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Edward Green Father's Birthplace: Q. A. Co.

Mother's Maiden Name: Margaret A. Stewart Mother's Birthplace: Q. A. Co.

Name of person giving Imformation: ~~Howard Hopkins~~ Mother How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cold How long:

Immediate: Catarrhal croup How long: One Day.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Howard R. Hopkins.

Address: Queenstown, Md.

Accident or Suicide:

LIBRARY BUREAU ABBOTS

Name in Full: Mary Elizabeth Hollis

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Centreville — (County): Queen Anne

Date of death 1904 — Month: April — Day: 7 — Age: Years 57 — Months — Days

Sex: Female — Color or Race: African — Birthplace: Queen Anne Co

Occupation: None — Where Residing if not at place of death: Centreville

Married, ~~Single or Widowed~~ — ~~Name of Wife or~~ Husband: Joseph Hollis

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Imformation: Jos. Hollis — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis — How long: 3 years in Bed

Immediate: [illegible] — How long: 1 week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jos. G. Thomson

Address: Centreville Md

Accident? Suicide? F.D.

LIBRARY BUREAU A8818

Name in Full — Certificate of Death

Lubie Z Hughes.

Died at Town: Church Hill County: Queen Anne's MARYLAND

Date 19 07 Month: April Day: 3 | Age Y. 67 M. — D. — | Native of Ireland | Occupation Farmer

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / Number ~~of children~~ living

Husband / Wife of

Father's Name

Mother's Maiden Name

Cause of Death — Primary: Paralysis — Immediate: cerebral hemorrhage

How long sick 2 days

Accident, Suicide, Homicide

Reported by H. S. Dudley MD

Address Church Hill Md

Do not know his formerly residence

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Israel

Name in Full: Anna Lizar

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Millington — County: 2 a, es

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	4	25	Age 2	7 mos	

Sex: Female — Color or Race: White — Birthplace: 2 a Co

Occupation — Where Residing if not at place of death: Place of Death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: James Lizar — Father's Birthplace: 2 a Co

Mother's Maiden Name: Martha Eva Bay 93 — Mother's Birthplace: 2 a Co

Name of person giving information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: Ten days

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Armitage

Address: Millington Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full Essex Montgomery

Certificate of Death

Town Steeresville County I. Co. MARYLAND

Died at

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1904 Apr	24	Age 1	1	1	Md	Infant

Male ~~White~~ ~~Married~~ Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of

Wife

Father's Name Essex Montgomery

Mother's Name Sarah Green

Cause of Death: Primary ~~Acute~~

Immediate Acute Indigestion

How long sick 1 W

~~Accident, Suicide, Homicide~~

Reported by U.S. Henry M.D.

Address Steeresville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM

Name in Full: Margret Newman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Centreville County: Q. A.

Date of death: 1904 Month: April Day: 28 Age: Years: 33 Months: Days:

Sex: Color or Race: Birthplace:

Occupation: Housewife Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Wm H Newman

Father's Name: Wm Jackson Father's Birthplace: Va.

Mother's Maiden Name: Jane Anderson Mother's Birthplace: Md.

Name of person giving Imformation: Wm H Newman How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Apparent Cause: Acute indigestion & Heart Disease How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~ Robt. W. Eldridge Undertaker

Address: Centreville Md.

Accident or Suicide?

LIBRARY BUREAU A8U816

Name in Full: Amanda Rebecka Penty

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hurds Store — County: Queen Anne

Date of death 1904: Month: 4 — Day: 9 — Age: Years: 44 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Somerset Co

Occupation: Housewife — Where Residing if not at place of death: Winchester

Married, Single or Widowed: Married — Name of Wife or Husband: Edwin S. Penty

Father's Name: Joshua Biggins — Father's Birthplace: Somerset Co

Mother's Maiden Name: Annie E Cox — Mother's Birthplace: Somerset Co

Name of person giving Imformation: Edw S Penty — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage. — How long

Immediate: Complete Paralysis. — How long: 36 hours.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Howard R. Hopkins.

Address: Queenstown. Md.

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Beatrice Pierce

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Normans — Town: — County: Queen Annes

Date of death 190 4: Month: April — Day: 25 — Age: Years: — Months: 4 — Days: 10

Sex: Female — Color or Race: Colored — Birthplace: Kent Co.

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Thos. Pierce — Father's Birthplace: Kent Co

Mother's Maiden Name: Maude Ringgold — Mother's Birthplace: " "

Name of person giving information: Thos Riddle — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Ileo-Colitis — How long: 4 days

Immediate: Convulsions — How long: 4 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Chas E. Snyder

Address: Stevensville Md

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: Annie M. S Rinner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Wye Mills — County: Queen Anne

Date of death: Month: April — Day: 18th — 1904 — Age: Years: 58 — Months: 6 — Days:

Sex: Female — Color or Race: White — Birthplace:

Occupation: N. wife — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or Husband: Wm. Addison S Rinner.

Father's Name: John W. Connolley — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: John C. Skinner — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phlebitis — How long: Five weeks.

Immediate: Septicaemia — How long: Two weeks.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. Adams

Address: Queenstown, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full — — Snyder

CERTIFICATE OF DEATH

MARYLAND

Died at — Town Stevensville — County Md Q. A.

Date of death 1904 — Month Apr — Day 2 — Age Years — — Months — Days 18 hours

Sex Male — Color or Race White — Birthplace Stevensville Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband Infant

Father's Name Charles E Snyder — Father's Birthplace Centreville

Mother's Maiden Name Evelyn Carville — Mother's Birthplace Kent Island Md

Name of person giving Imformation Mr Hunter — How related to deceased Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Shock following delivery — How long 18 hours

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician [illegible] Hunt

Address Stevensville Md

Accident or Suicide?

40

LIBRARY BUREAU A88018

Name in Full: Edward H. L. Sparks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Englesde — County: Ar.

Date of death 190 4: Month: 4 — Day: 30

Age: Years: / — Months: 10 — Days:

Sex: Male — Color or Race: Black — Birth-place: Md

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

[redacted]'s: Hy Sparks — Father's Birthplace: Md

Mother's Maiden Name: Lucy Green — Mother's Birthplace: Md

Name of person giving information: John Fines — How related to deceased: Neighbor

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Consumption — How long: 3 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jas Upshur Jr M.D.

Address: Englesde Md

Accident or Suicide?

LIBRARY BUREAU A66516

Inglewide M & C Church
Council

Rivers Bond Inglewide

Name in Full: Martha A. Taylor

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Church Hill; County: Queen Anne's

Date of death 1904: Month: April; Day: 16; Age: Years: 63; Months: 8; Days: 7 - ?

Sex: Female; Color or Race: White; Birthplace: Queen Anne's Co.

Married, Single or Widowed: Widow; Occupation: Housework.

Name of Wife or Husband: John L. Taylor.

Father's Name: John Farrell; Father's Birthplace: Kent Co. Md.

Mother's Maiden Name: Mary Mott; Mother's Birthplace: Queen Anne's

Name of person giving Information: Sophie E. Frank; How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe; How long: 4 weeks

Immediate: Asthenia; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. L. Coppage

Address: Church Hill Md.

~~Accident~~ or ~~Suicide~~?

LIBRARY BUREAU A88516

Transferred

Name in Full: Annie E. Tilghman

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Centreville (County) Queen Anne's MARYLAND

Date of death 190 4 — Month: April — Day: 13th — Age: Years 72 — Months 7 — Days 8

Sex: Female — Color or Race: Caucasian — Birthplace: Maryland

Married, Single or Widowed: Widow — Occupation: Housewife

Name of ~~Wife or~~ Husband: Perequcie Tilghman

Father's Name: John McKenney — Father's Birthplace: —

Mother's Maiden Name: Marcia Merritt — Mother's Birthplace: —

Name of person giving information: Family — How related to deceased: Sons

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fracture of Hip — How long: 3 or 4 months

Immediate: Complications following injury — How long: 3 or 4 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. Bordley

Address: Centreville Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A66516

Name in Full — Certificate of Death

Mrs Russ E Whaley

Died at Church Hill (Town) Queen Anne's (County) MARYLAND

Date 1894 April 28 | Age 28 - - | Native of Md | Occupation Housekeeper

~~Male~~ | White | Married | ~~Widowed~~ | Divorced

Female | ~~Colored~~ | ~~Single~~ | Widowed | Number of children living —

~~Husband~~ Wife of Thos. H. Whaley Jr.

Father's Name Saml. I Thompson | Mother's Name Frances Merchant

Cause of Death — Primary: Acute Tuberculosis — How long sick 4 weeks

Immediate: Exhaustion

~~Accident, Suicide, Homicide~~

Reported by W. H. Hudson

Address Church Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Transfer

Name in Full: Caroline Wilson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Gunpowder — County: Queen

Date of death: Month: 4 — Day: 11 — Years: 1904 — Age: 80 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Kent Island

Occupation: Widow — Where Residing if not at place of death: Gunpowder

Married, Single, Widowed — Name of Husband: unknown

Father's Name: unknown — Father's Birthplace: Unknown

Mother's Maiden Name: unknown — Mother's Birthplace: 〃

Name of person giving Imformation: Son — How related to deceased: 〃

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Passive Congestion Brain — How long: 10 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas Corkery

Address: Queenstown Md.

Accident or Suicide?

LIBRARY BUREAU A6881G

Name in Full: Eva Knight

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mary Chester. County: Do. a.

Date of death 1904: Month: April. Day: 20. Age: Years: 11. Months: —. Days: —.

Sex: Female. Color or Race: Black. Birthplace: Do a Co

Occupation: no. Where Residing if not at place of death: —

Married, Single or Widowed: single. Name of Wife or Husband: —

Father's Name: Thos. A. Knight. Father's Birthplace: Do a Co

Mother's Maiden Name: Martha Warren. Mother's Birthplace: Do a Co

Name of person giving In formation: Eg. York. How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Idiot. How long: —

Immediate: Exhaustion. How long: 2 Week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. R. Holland

Address: Chesterton Md

Accident or Suicide: —

LIBRARY BUREAU A6M518